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APPLICANTS
 Josef P. Debbins, Waukesha, WI;
 Kristine L. Gould, Delafield, WI;
 Paul E. Licato, Wauwatosa, WI;
 Jason A. Polzin, Lake Mills, WI;
 Deepa Thomas, Waukesha, WI;
 Mark T. Radick, Muskego, WI;
 Giora Sat, Waukesha, WI;

**** CONTINUING DATA ******* *OK MS*
 This application is a CIP of 09/721,233 11/22/2000 ABN

**** FOREIGN APPLICATIONS ******* *No MS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>MA</i> Initials				

ADDRESS
27061

TITLE
Graphic application development system for a medical imaging system

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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